

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          | 64181  | 2-1-00  |
| O.I.P.E. CLASSIFIER       |          | 16     | 2-15-00 |
| FORMALITY REVIEW          |          | 69055  | 3-14-00 |
| RESPONSE FORMALITY REVIEW |          |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
| 2     | ✓     | ✓        |      |
| 3     | ✓     | ✓        |      |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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